

**ASBESTOS TRAINER RECOGNITION FORM AAC-4****Louisiana Department of Environmental Quality****OES – Permit Support Services Division****Notifications and Accreditations Section****P. O. Box 4313, Baton Rouge, LA 70821-4313****Phone (225) 219-3273 Fax (225) 219-3310****For LDEQ Use Only****AI No.****Expires:****Check No.****Amt Received: \$****Processed Date:**

* Applications will not be accepted for Out-of-State Training Providers unless the Out-of-State training provider has a training facility located within Louisiana.

**For Initial Training Accreditation: attach all documents indicating experience and training required by LAC 33:III.2799 which includes applicant's resume or copies of degree or certification in the discipline to be taught.

Fees: Each Trainer: Normal Processing: **\$66**
Each Trainer: Emergency Processing: **\$99**

Training Provider No. _____
Training Provider Expiration Date _____

I. Trainer Information: (please print)

Name:		Phone: ()	Driver's License (DL) No.
Address:		Email Address:	State of Issuance of DL No.
City:	State:	Zip:	Fax No. ()

II. Trainer Provider Information:

Name:	Email Address:	Phone No. ()
Address:	Fax No. ()	
City:	State:	Zip:

III. Latest Asbestos School Attended:

Name:	Phone No. ()	
Address:	Fax No. ()	
City:	State:	Zip:
Course Title:	Date:	

IV. Initial Qualifications & Renewals: For Initial, provide all of the requested information for Asbestos Trainer Recognition.

If a Renewal, check only the boxes for the applicable types of courses in which you are requesting a renewal (Required):

Discipline/Course	Check Applicable Boxes		Years & Type of Asbestos-Related Experience in Each Discipline (Complete only if applying for first time).
	Initial	Refresher	
Worker	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	
Inspector	<input type="checkbox"/>	<input type="checkbox"/>	
Management Planner	<input type="checkbox"/>	<input type="checkbox"/>	
Project Designer	<input type="checkbox"/>	<input type="checkbox"/>	

V. Trainer Recognition Only (Required for Renewal): **Previous Trainer Provider No.** _____ **Expir Date:** _____**VI. Statements of Regulation Knowledge and Acknowledgment for Public Records:**

(a) I hereby certify that this application, accompanying documents, and information provided is true and accurate in accordance with La. R.S. 30:2025.F(2)(a), which states any person who willfully or knowingly makes any false statement, representation, or certification in any form, application, record, label, manifest, report, plan, or other document filed or required to be maintained under this Subtitle are subject to penalties with conviction of civil and criminal actions as outlined in this regulation.

(b) I understand that the asbestos training classes I teach must include the most current and applicable Louisiana specific regulations and forms and that my recognition is effective for one year as stated in LAC 33:III.2799.

(c) I acknowledge that the information I have provided on or with this form is to be kept in the public records maintained by LDEQ. I also acknowledge that the information will be available for public inspection and copying, and I waive any claim to privacy in this information.

Applicant's Signature: _____ Date: _____